

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5479-62-020155
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED JUN 7 1962

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in 1b

11 days

c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
St. Louis Little Rock Hosp. Inc.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

c. CITY OR TOWN

Greenleaf

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Box 148

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

George

Middle

William

Last

Barner

4. DATE OF DEATH

Month

May

Day

29

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-25-1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

B. B. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Olive Barner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Olive Barner, Greenleaf, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

HYPERTENSION

DUE TO (c)

4201

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 10, 1962 to May 29, 1962 and last saw him alive on May 29, 1962

Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

30/June/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5-29-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Greenleaf, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Albert H. Hoppe, Inc., 4700 Washington Blvd., MAY 31 1962

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

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281508

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JUN 8 1962

JUN 21 1962

JUN 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.